



Neuroscience Associates of New York

1099 Targee Street, Staten Island, NY 10304 • 718/448-3210 • Fax: 718/815-3379

Neurology

Stephen A. Kulick, M.D., F.A.A.N., F.A.C.P.
Steven B. Schwartzberg, M.D.
Audrey L. Halpern, M.D.

Pain Management

Germaine N. Rowe, M.D., F.A.A.P.M.R.
Glenn D. Babus, D.O.

Neurological Surgery

Edwin M. Chang, M.D., F.A.C.S.
John S. Shloul, M.D., F.A.C.S.
Anthony J.G. Alastro, M.D.

Emeritus

Harvey R. Leventhal, M.D., F.A.C.S.

Neuropsychology

Reuven L. Weiss, Ph.D.

March 20, 2006

Re: Jayson Reyes

To Whom It May Concern:

Mr. Reyes has been a patient in our pain management practice since June of 2003. He is being treated medically for RSD or reflex sympathetic dystrophy also known as complex regional pain syndrome. RSD is a chronic neurological disease caused by a disturbance in the sympathetic nervous system. RSD is characterized by symptoms of severe pain and increased sensitivity in the area of pain associated also with swelling, color and temperature changes, circulatory changes as well as impairment in motor function or reduced range of motion.

For the patient's pain symptoms, he has been previously treated with a regimen of Oxycontin, 20 milligrams, every 12 hours; Cymbalta, 60 milligrams a day; and Lidoderm patches, 12 hours on and 12 hours off as well as Provigil, 200 milligrams a day.

If you have any further questions, please feel free to contact us in our office at 718 448-3210, ext. 2287.

Sincerely yours,

Naomi Alcock, P.A.
Germaine N. Rowe, M.D.

NA/tw

Voicemail ID: 15877716/Text ID: 12711583

9920 4th Avenue, Brooklyn, NY 11209 • 718/238-0878
A Division of HEALTHCARE ASSOCIATES In Medicine, PC

Page 1 of 1

NYC 000131

The Home Depot
Physical Capacities Evaluation Form

Please complete the following items based on your clinical evaluation of: **JASON REYES**

Associate Name:

Claim Number:

Date of Injury:

DOB:

Social Security Number:

In an 8 hour workday, the associate can: (circle one selection each)

	1	2	3	4	5	6	7	8	(Hours)	Constantly	With Rest
Sit											
Stand											
Walk											
Drive											

Please check the maximum limit and frequency that the associate can lift/carry:

Amount of Weight	Never	Occasionally 0 - 33%	Frequently 34 - 66%	Constantly Unlimited
1 - 10 lbs.				
11 - 20 lbs.				
21 - 50 lbs.				
51 - 100 lbs.				
Over 100 lbs.				

Please check the frequency that the associate can perform the following activities:

Activity	Never	Occasionally 0 - 33%	Frequently 34 - 66%	Constantly Unlimited
Climbing				
Reaching				
Stooping				
Kneeling				
Crouching				
Crawling				
Reaching				

Please check the degree of work this associate can perform. Volume II of the Dictionary of Occupational Titles, pages 654 - 655, published by the U.S. Department of Labor (3rd ed. 1965) classifies the degree of work in terms of strength required:

Sedentary Work: Lifting 10 lbs. maximum and occasionally lifting and/or carrying such articles as books, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

Light Work: Lifting 20 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 10 lbs. Even though the weight lifted may be only negligible amount, a job in this category involves sitting most of the time with a degree of pushing and pulling of arm or leg controls, or when it requires walking or standing to a significant degree.

Medium Work: Lifting 30 lbs. maximum with frequent lifting and/or carrying of objects up to 25 lbs.

Heavy Work: Lifting 100 lbs. maximum with frequent lifting and/or carrying of objects up to 50 lbs.

Very Heavy Work: Lifting objects in excess of 100 lbs. with frequent lifting and/or carrying of objects weighing 50 lbs. or more.

Environmental Restrictions: None Yes (Please describe)

Signature/Title

Date

95-56 MAR-23-2004 15:56
TOTAL P.10

NYC 000132

STATE OF NEW YORK - WORKERS' COMPENSATION BOARD

PRACTITIONER'S REPORT OF INDEPENDENT MEDICAL EXAMINATION

A copy of each report of Independent Medical Examination shall be submitted on the same day and in the same manner to the Workers' Compensation Board, the insurance carrier or self-insured employer, the claimant's attending physician or other attending practitioner, the claimant's representative, if any, and the claimant.

CHECK ONE: ☐ PHYSICIAN ☐ PODIATRIST ☐ CHIROPRACTIC ☐ PSYCHOLOGIST

THIS EXAMINATION WAS REQUESTED BY: ☐ CURRENT EMPLOYER ☐ CLAIMANT

WCB CASE NO.	CARRIER CASE NO. (IF KNOWN)	DATE OF INJURY	INJURED PERSON'S SOCIAL SECURITY NUMBER	DATE OF EXAMINATION
0024 8581	1E78119HD	9/16/2002	123-66-7176	3/23/2004
INJURED PERSON	(First Name) Jason (Last Name) Reyes	ADDRESS (Include Apt. No.) 262 80th Street Brooklyn, NY 11220		
EMPLOYER	Home Depot			
INSURANCE CARRIER	Sedgwick CMS			
		3 Huntington Quad South Wing Melville, NY 11747		
* EXAMINER CONDUCTED THIS EXAMINATION AS AN EMPLOYEE OF AN ILC COMPANY, OR UNDER CONTRACT OR ARRANGEMENT WITH AN ILC COMPANY, STATE NAME				
MED CONTROL EVALUATION - 10 CEDAR SWAMP RD. - GLEN COVE, NY 11542 - #016057				
Results of Examination (continue on reverse or attach additional sheets, if necessary)				

I hereby certify that this report is a full and truthful representation of my professional opinion with respect to the claimant's condition.

Dr. Andrew Weiss
Practitioner's Name

Andrew Weiss
Practitioner's Signature

3/29/04
Date

1021 Ave Z - corner of E. 11th Street - Brooklyn, NY 11235
Practitioner's Address

105462-6B
IME Authorization No.

NO PRACTITIONER EXAMINING OR EVALUATING A CLAIMANT UNDER THE WORKERS' COMPENSATION LAW NOR ANY SUPERVISING AUTHORITY OR PROPRIETOR NOR INSURANCE CARRIER OR EMPLOYER MAY CAUSE, DIRECT OR ENCOURAGE A REPORT TO BE SUBMITTED AS EVIDENCE IN WORKERS' COMPENSATION CLAIM ADJUDICATION WHICH DIFFERS SUBSTANTIALLY FROM THE PROFESSIONAL OPINION OF THE EXAMINING PRACTITIONER. SUCH AN ACTION SHALL BE CONSIDERED WITHIN THE JURISDICTION OF THE WORKERS' COMPENSATION FRAUD INSPECTOR GENERAL AND MAY BE REFERRED AS A FRAUDULENT PRACTICE.

IME-4 (11-01)

TOTAL P.02

NYC 000133

02/13/06
18:01:43RITE AID - 6301-
6301-23 FORT
BROOKLYN NY 11220-4615
(718) 567-9476CUSTOMER HISTORY REPORT
01/01/05 TO 02/12/06REYES JAYSON
252 50TH ST
BROOKLYN NY 11220-1711
(718) 439-0721

PAGE: 1

TOTAL P.010

RX CF	RF	DATE	NDC PH INIT	DESCRIPTION CLAIM REF NBR	QTY DISP	DAYS SUPPLY	RETAIL PRICE	CUST PAID	DOCTOR	INSTRUCTION	STORE
258330		02/11/05	00406051201	OXYCODONE W/APAP 5/325 H2	75.00	25	\$37.98	\$0.00	ROME, GERMAINE N.	Take 1 tablet ever 04269	
258329		02/11/05	63481068706	LIDODERM 5% PATCH H2	60.00	20	\$415.99	\$0.00	ALCOCK, NAOMI	Use as directed 12 04269	
258329	1	05/23/05	63481068706	LIDODERM 5% PATCH H2	60.00	20	\$415.99	\$0.00	ALCOCK, NAOMI	Use as directed 12 04269	
269591		05/31/05	00406051201	OXYCODONE W/APAP 5/325 H2	75.00	18	\$37.98	\$0.00	ALCOCK, NAOMI	Take 1 tablet ever 04269	
269590		06/03/05	00378912198	FENTANYL 25 MC/HR PACT H2	10.00	30	\$132.99	\$0.00	ALCOCK, NAOMI	Apply 1 patch TO S 04269	
278318		08/29/05	63481068706	LIDODERM 5% PATCH H2	60.00	20	\$437.99	\$0.00	ROME MD, GERMAINE	WEAR UP TO 3 PATCH 04269	
278320		08/31/05	00172635460	OXYCODONE HCL 10 MG TAB H2	75.00	25	\$37.98	\$0.00	ROME MD, GERMAINE	Take 1 tablet ever 04269	
285447		11/07/05	00406051201	OXYCODONE W/APAP 5/325 H2	75.00	18	\$37.98	\$0.00	ROME MD, GERMAINE	Take 1 tablet ever 04269	
278318	1	11/07/05	63481068706	LIDODERM 5% PATCH H2	60.00	20	\$437.99	\$0.00	ROME MD, GERMAINE	Take 1 tablet ever 04269	
285448		11/09/05	00591350201	OXYCODONE HCL CR 20 MG H2	60.00	30	\$170.99	\$0.00	ROME MD, GERMAINE	Take 1 tablet ever 04269	
278318	2	01/01/06	63481068706	LIDODERM 5% PATCH H2	60.00	20	\$437.99	\$0.00	ROME MD, GERMAINE	Take 1 tablet ever 04269	
291346		01/02/06	00591350201	OXYCODONE HCL CR 20 MG H2	60.00	30	\$170.99	\$0.00	ROME MD, GERMAINE	Take 1 tablet ever 04269	
294458		01/30/06	00406112101	METHYLIN 5 MG TABLET H2	60.00	30	\$29.99	\$0.00	ROME MD, GERMAINE	Take 1 tablet by m 04269	
294457		01/30/06	00591350201	OXYCODONE HCL CR 20 MG H2	60.00	30	\$158.99	\$0.00	ROME MD, GERMAINE	Take 1 tablet by m 04269	

***** THIS REPORT CONTAINS PATIENT HEALTH INFORMATION WHICH IS LEGALLY PROTECTED UNDER HIPAA LEGISLATION. *****
 ***** THIS INFORMATION MUST BE USED AND STORED IN ACCORDANCE WITH RITE AID PRIVACY POLICIES. *****

\$3,187.80 \$29.99

NYC 000134



HEALTHCARE ASSOCIATES in Medicine, PC

1099 Targee Street, Staten Island, NY 10304 • Phone: (718) 448-3210 • Fax: (718) 442-9085

FAX TRANSMISSION

DATE: 2/13/06
TO: Rosario 398-8995

COMPANY:

FAX:

RE:

Number of p

MESSAGE:



Neuroscience Associates of New York

A Division of HEALTHCARE ASSOCIATES in Medicine

1099 Targee Street, Staten Island, N.Y. 10304 • 718/448-3210
9920 4th Avenue, Brooklyn, N.Y. 11209 • 718/238-0878

Neurology

Stephen A. Kulick, M.D., FAAN, FACP
Steven I. Schwartzberg, M.D.
Audrey L. Holstein, M.D.
Pain Management
Germaine N. Rowe, M.D., FAAPM
Gerald T. Scott, D.O.

Germaine Rowe M.D.
1099 Targee Street
Staten Island, NY 10304
(718) 448-3210

Neurological Surgery

Edwin M. Chang, M.D., F.A.C.S.
John B. Shiao, M.D., F.A.C.S.
Anthony J.G. Alcaraz, M.D.
Emeritus
Harvey R. Laventhal, M.D., F.A.C.S.

Date

Re:

Reyes, Jayson

To Whom It May Concern:

Please be advised that the above named patient is under my care.

At the present time the patient:

☐ may return to work, full duty.

☐ may return to work with the following limitations:

☐ may not return to work.

☐ is unable to drive a car.

He is treated medically for his
pain symptoms with a regimen
of Oxycodone 20mg every 12h,
Aspirin 60mg/day, and
Lidocaine patches 12h on, 12h
off. He also uses Provigil
300mg/day. If you have any
further questions, please contact
me.
Sincerely, D. Rowe M.D.

This fax may contain confidential information. If you are not the intended recipient, you should not disseminate this information.

This fax may contain confidential information. If you are not the intended recipient, you should not disseminate this information.

NEUROLOGY
Stephen A. Kulick, M.D., FAAN, FACP
Audrey L. Holstein, M.D.

PEDIATRIC NEUROLOGY
Steven I. Schwartzberg, M.D.
Laurie M. Joffe, M.D.

NEUROSURGERY
Edwin M. Chang, M.D., F.A.C.S.
John B. Shiao, M.D.
Anthony J.G. Alcaraz, M.D.
Harvey R. Laventhal, M.D., F.A.C.S.
Emeritus

ORTHOPEDICS
David J. Finkelstein, M.D., F.A.C.S.
Joseph A. Sencer, M.D., F.A.C.S.
Bert R. Acosta, Jr., M.D.
John P. Kelly, M.D.
David A. Driscoll, M.D.
A. Givner, M.D., F.A.C.S.
Richard A. Seeling, M.D.
Vincent L. Tagliaferri, M.D.

NEURORADIOLOGY
David S. Pines, M.D., F.A.C.R.
E. Joseph, M.D., F.A.C.R.

PAIN MANAGEMENT
R. Rowe, M.D., F.A.P.M.
Glen D. Fisher, D.O.

PHYSICAL THERAPY
Andrea T. Mancini, PT
Jerome Outage, PT

NEUROPSYCHOLOGY
Karen Weiss, PhD



HEALTHCARE ASSOCIATES in Medicine, PC

1099 Targee Street, Staten Island, NY 10304 • Phone: (718) 448-3210 • Fax: (718) 442-9085

FAX TRANSMISSION

DATE: 4/11/06
 TO: Rebecca
 COMPANY: _____
 FAX: 398-8995
 RE: _____

FROM: Naomi
 DEPT: _____
 FAX: 718-447-7192
 TEL: 718-448-3210 X

NEUROLOGY
 Stephen A. Kufel, MD, FAHA, FAAP
 Audrey L. Bulger, MD

PEDIATRIC NEUROLOGY
 Steven B. Schwartzberg, MD
 Luke M. Milrod, MD

NEUROSURGERY
 Edwin M. Chang, MD, FACS
 John S. Shinn, MD
 Anthony J.E. Alstara, MD
 Harvey R. Livanthal, MD, FACS
 Securities

ORTHODONTICS
 Stephen J. Polack, MD, FACS
 Joseph A. Sauer, MD, FACS
 Albert B. Accetola, Jr., MD
 John R. Ruffo, MD
 David A. Dworkin, MD
 Leonid I. Givsharov, MD, FACS

REPRODUCTION OF THIS PRESCRIPTION WITHOUT THE WRITTEN PERMISSION OF HEALTHCARE ASSOCIATES IN MEDICINE, PC IS PROHIBITED.

OFFICIAL NEW YORK STATE PRESCRIPTION

GERMAINEN ROWE, MD
 1099 TARGE STREET
 STATEN ISLAND, NY 10304
 (718) 448-3210
 LG 204300

PATIENT'S NAME: Saunders, Naomi Date: 4/11/06
 Address: 252 50th St
Brooklyn, NY 11220
 City: Brooklyn State: NY Zip: 11220

Prescription: Alprazolam
0.5mg tablets
30 tablets
For anxiety
Refill 4

PHARMACEUTICAL: 00H6FT 18

REPRODUCTION OF THIS PRESCRIPTION WITHOUT THE WRITTEN PERMISSION OF HEALTHCARE ASSOCIATES IN MEDICINE, PC IS PROHIBITED.

OFFICIAL NEW YORK STATE PRESCRIPTION

GERMAINEN ROWE, MD
 1099 TARGE STREET
 STATEN ISLAND, NY 10304
 (718) 448-3210
 LG 204300

PATIENT'S NAME: Saunders, Naomi Date: 4/11/06
 Address: 252 50th St
Brooklyn, NY 11220
 City: Brooklyn State: NY Zip: 11220

Prescription: Alprazolam
0.5mg tablets
30 tablets
For anxiety
Refill 4

PHARMACEUTICAL: 00H6FT 17

9920 4th Avenue
 Brooklyn, NY 11209

3311 Hylan Boulevard
 Staten Island, NY 10306

65 Columbus Avenue
 Staten Island, NY 10304

1460 Victory Boulevard
 Staten Island, NY 10301

NYC 000136

ANDREW B. WEISS, M.D., F.A.C.S.

Diplomate American Board of Orthopaedic Surgeons
Fellow American Academy of Orthopaedic Surgeons
Clinical Professor of Orthopaedic Surgery UMDNJ/New Jersey Medical School
555 Eagle Rock Ave. Suite 207 Roseland, NJ 07068
Tel#: (973) 226-0825 Fax#: (973) 226-3853

March 23, 2004

Med Control Evaluation
10 Cedar Swamp Road
Glen Cove, NY 11542

RE: Jason Reyes
CLAIM#: 1878119HD
FILE#: MCE34962
DATE OF ACCIDENT: September 16, 2002

To Whom It May Concern:

I had the opportunity to meet and evaluate Jason Reyes, a 21-year-old male receive/unloading person, in my Brooklyn, New York office on March 23, 2004. I am dictating this report on March 23, 2004 for an evaluation performed on March 23, 2004. He was accompanied to the evaluation by a female. My medical assistant, Erika Lerma, was present at the time of this evaluation.

MEDICAL RECORD REVIEW:

The following medical records were submitted for my review in preparation for this independent medical evaluation:

1. Physical therapy notes, dated 12/17/02 - 08/28/03.
2. Report by Dr. Rowe, dated 02/04/04.
3. Report by Dr. Bakhshi, dated 06/24/03.
4. Independent medical evaluation by Dr. Falvo, dated 05/22/03.
5. Independent medical evaluation by Dr. Kulick, dated 03/05/03.
6. Independent medical evaluation by Dr. Toriello, dated 01/30/03.
7. MRI report of the left foot, dated 12/04/02.
8. MRI report of the left ankle, dated 12/02/02.
9. Reports by Dr. L'Insalata, dated 09/20/02 - 07/03/03.

NYC 000137

HISTORY:

This claimant informs me that he is right-handed, 5 feet 8 inches tall, and weighs 200 pounds. He further states that on September 16, 2002 while at work, his left foot and ankle was crushed between two hydraulic machines. He was transported by ambulance from the scene of the accident to Lutheran Medical Center in Brooklyn NY, where he was clinically evaluated, treated, and x-rays were performed on his foot and ankle. He was released that same day to the care of his private physicians. He has had no surgery nor has he been hospitalized for any sequelae due to this accident.

He was reportedly treated with epidural injections for what appears to be reflex sympathetic dystrophy of the left foot and ankle. He is also being treated with several medications, including Vicodin, Trileptal and Nebutin. He is experiencing severe pain about the medial aspect of the left foot and ankle; even the slightest touch causes trembling of the limb and withdrawal.

PAST MEDICAL HISTORY/SOCIAL HISTORY:

Past history reveals he is in good health and has had no major operative interventions performed upon his body. He denies any history of similar conditions, prior or subsequent accidents. He denies taking medication besides those for his reflex sympathetic dystrophy.

His work status reveals he has not worked since September 16, 2002, the day the accident occurred.

He reveals that he is single and has a four year old child. He admits to being a social drinker and smokes approximately one pack of cigarettes per day.

PHYSICAL EXAMINATION:

LEFT FOOT AND ANKLE:

Examination of the left foot and ankle is consistent with reflex sympathetic dystrophy. He has withdrawal and trembling with even the slightest touch to the medial aspect of the left foot. There is some coldness and mottling of the skin on the medial aspect of the left foot and ankle. There is limitation of the left foot and ankle to approximately 80 percent normal in all planes. Strength is reduced to 80 percent normal in all planes.

DIAGNOSES:

1. Reflex sympathetic dystrophy left foot and ankle, causally related to the accident of September 16, 2002 by claimant history.

Date: March 23, 2007
Page 3

SUMMARY:

I would place degree of causally related disability as marked. If the claimant's history is accepted, there is a causal relationship between the reflex sympathetic dystrophy and the crush injury of September 16, 2002. There is a need for physical therapy at the frequency of three times per week for ten weeks after which a re-evaluation is suggested. There is also a need for the medications he is receiving. He is unable to work at this time. I have completed and enclosed the Home Depot evaluation form.

I, Andrew B. Weiss, M.D. being a physician duly licensed to practice in the State of New York, hereby affirm under penalties of perjury, that the statements contained herein are true and accurate. ~~The captioned claimant was examined in accordance with the restrictive~~ rules concerning an independent examination. It is understood that no doctor/patient relationship exists or is implied by this examination. The claimant was examined with reference to the specific complaints emanating from the original injuries. Any other medical conditions, which are found unreported or unrelated to the original injuries are to be considered beyond the scope of this examination.

I declare under the penalties of perjury that the information contained within this document was prepared and is the work product of the undersigned and is true to the best of my knowledge and information.

I will be available for Worker's Compensation testimony in Brooklyn on the second Monday of each month, after 1:30 P.M.; in Manhattan on the third Monday, after 1:30 P.M.; and in Queens on the fourth Monday, after 1:30 P.M. Hearings for all other locations are by telephone. Telephone hearings are by appointment only and must be scheduled with my office to avoid conflict.

Please feel free to contact my office, if additional information is required on this case.

Sincerely,



Andrew B. Weiss, M.D., F.A.C.S.
New York Medical License No.: 105462
ABW/ssc/lcj

cc: client

adj.

Antony
WEB

NYC 000139

Attn: Dr. Warden
7:8. 546. 5951

RE: Jason Reyes
3490602628
7 main

Medical Information

NYC 000140

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name _____ DOB _____
FROM _____
Correctional institution _____ Inmate no. _____
Referred to _____ Ward / Clinic _____
Hospital _____ / Clinic no. _____

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Request:

Date _____ Referring Physician _____ Phone _____
Gabriel Jean Louis, MD
Approved _____

Consultation, findings and recommendations:

NYC 000141

Date _____ Physician _____

BBKC/MDC
125 WHITE STREET
NEW YORK, NY 10013
(212) 225-1458 (C0045-4)

NAME: REYES, JASON
BOOK/CASE: 3490602628
DOB: 01/13/1983

-FINAL- Original Report 02/14/2006

REYES, JASON

3490602628

BBKC/MDC

101053919 02/12/2006

02/12/2006 22:36 4/12/2006 08:24 23 Y M

Test Description	Result	Reference Range
------------------	--------	-----------------

-----* MISCELLANEOUS *

Redacted

**

Report ID: IRC00100

Pharmacy Order

Sorted by: Start Date

3/30/2006

10:26:47 PM

Name: **Reyes, Jason**DOB: **1/13/1983**Drug: **Naprosyn**Form: **Tab**Reason: **Other - PAIN**Written by: **Celia Tindale, PA - Physician Assistant**Approved by: **Franklin Mejia, Physician**Allergies: **NKA**Book & Case: **349-06-02628**Site/Housing: **MDC/4S**SIG: **500 MG PO BID**Start: **3/30/2006**NYSID: **0470442Y**Dosage: **500MG**Duration: **5 days**

Pharm: _____

DC:Name: **Reyes, Jason**DOB: **1/13/1983**Drug: **Robaxin**Form: **Tab**Reason: **Other - PAIN**Written by: **Celia Tindale, PA - Physician Assistant**Approved by: **Franklin Mejia, Physician**Allergies: **NKA**Book & Case: **349-06-02628**Site/Housing: **MDC/4S**SIG: **500MG PO BID**Start: **3/30/2006**NYSID: **0470442Y**Dosage: **500MG**Duration: **7 days**

Pharm: _____

DC:



Neuroscience Associates of New York

1099 Targee Street, Staten Island, NY 10304 • 718/448-3210 • Fax: 718/815-3379

Neurology

Stephen A. Kulick, M.D., F.A.A.N., F.A.C.P.

Steven B. Schwartzberg, M.D.

Audrey L. Halpern, M.D.

Pain Management

Germaine N. Rowe, M.D., F.A.A.P.M.R.

Glenn D. Babus, D.O.

Neurological Surgery

Edwin M. Chang, M.D., F.A.C.S.

John S. Shloul, M.D., F.A.C.S.

Anthony J.G. Alostrio, M.D.

Emeritus

Harvey R. Loventhal, M.D., F.A.C.S.

Neuropsychology

Reuven L. Weiss, Ph.D.

March 20, 2006

Re: Jayson Reyes

To Whom It May Concern:

Mr. Reyes has been a patient in our pain management practice since June of 2003. He is being treated medically for RSD or reflex sympathetic dystrophy also known as complex regional pain syndrome. RSD is a chronic neurological disease caused by a disturbance in the sympathetic nervous system. RSD is characterized by symptoms of severe pain and increased sensitivity in the area of pain associated also with swelling, color and temperature changes, circulatory changes as well as impairment in motor function or reduced range of motion.

For the patient's pain symptoms, he has been previously treated with a regimen of Oxycontin, 20 milligrams, every 12 hours; Cymbalta, 60 milligrams a day; and Lidoderm patches, 12 hours on and 12 hours off as well as Provigil, 200 milligrams a day.

If you have any further questions, please feel free to contact us in our office at 718 448-3210, ext. 2287.

Sincerely yours,

Naomi Alcock, P.A.

Germaine N. Rowe, M.D.

NA/tw

Voice ID: 15877716/Tax ID: 12751583



THE NEW YORK CITY
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
BUREAU OF CORRECTIONAL HEALTH SERVICES

Redacted



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

45

Redacted

(One Copy for Chart)

(One Copy for Counselor)
3 12 2006 2 54 34 AM

(One Copy for Tracking)

NYC 000147

NEW YORK STATE DEPARTMENT OF HEALTH

AIDS Institute

to Perform HIV Testing

My health care provider has answered all questions about HIV testing and has given me written information with the following details about HIV testing:

Part

- HIV is the virus that causes AIDS.
- The only way to know if you have HIV is to be tested.
- HIV testing is important for your health, especially for men and women.
- HIV testing is voluntary; consent can be withdrawn at any time.
- Several testing options are available, including anonymous and confidential.
- State law protects the confidentiality of test results and also protects test subjects from discrimination based on HIV status.
- My health care provider will inform me of the sharing partners of possible HIV-positive individuals.

I agree to testing for the diagnosis of HIV and to additional testing which may occur on my own or as part of my treatment. I understand that I can withdraw my consent for future tests at any time.

For pregnant women only:
In addition to the testing described above, I authorize my health care provider to repeat HIV diagnostic testing later in this pregnancy. I understand that my health care provider will discuss this testing with me before the test is repeated and will inform me with the test results. The consent to repeat diagnostic testing is limited to the course of my current pregnancy and can be withdrawn at any time.

Signature: _____ Date: _____
(legally authorized representative)

If legal representative, indicate relationship to subject:

Printed Name: _____ MAUREEN POWELL
HIV COUNSELOR

Medical Record #: _____

Except for expedited HIV testing on labor units, this form replaces other HIV testing consent forms as of June 1, 2005.

NOTE: this form is intended to be used in conjunction with DOH-2556i, Part A.

DOH-2556 (5/05)

NYC 000148



Neuroscience Associates of New York

1099 Targee Street, Staten Island, NY 10304 • 718/448-3210 • Fax: 718/815-3379

Neurology

Stephen A. Kulick, M.D., F.A.A.N., F.A.C.P.
Steven B. Schwartzberg, M.D.
Audrey L. Halpern, M.D.

Pain Management

Germaine N. Rowe, M.D., F.A.A.P.M.R.
Glenn D. Babus, D.O.

Neurological Surgery

Edwin M. Chang, M.D., F.A.C.S.
John S. Shiao, M.D., F.A.C.S.
Anthony J.G. Alastro, M.D.

Emeritus

Harvey R. Loventhal, M.D., F.A.C.S.

Neuropsychology

Reuven L. Wells, Ph.D.

March 20, 2006

Re: Jayson Reyes

To Whom It May Concern:

Mr. Reyes has been a patient in our pain management practice since June of 2003. He is being treated medically for RSD or reflex sympathetic dystrophy also known as complex regional pain syndrome. RSD is a chronic neurological disease caused by a disturbance in the sympathetic nervous system. RSD is characterized by symptoms of severe pain and increased sensitivity in the area of pain associated also with swelling, color and temperature changes, circulatory changes as well as impairment in motor function or reduced range of motion.

For the patient's pain symptoms, he has been previously treated with a regimen of Oxycontin, 20 milligrams, every 12 hours; Cymbalta, 60 milligrams a day; and Lidoderm patches, 12 hours on and 12 hours off as well as Provigil, 200 milligrams a day.

If you have any further questions, please feel free to contact us in our office at 718 448-3210, ext. 2287.

Sincerely yours,

Naomi Alcock, P.A.
Germaine N. Rowe, M.D.

NA/tw

Volvo ID: 15877716/Tax ID: 12751583

Report ID: IRC00100

Pharmacy Order

Sorted by: Start Date

2/17/2006

10:17:14 AM

Name: **Reyes, Jason**Book & Case: **349-06-02628**NYSID: **0470442Y**DOB: **1/13/1983**Site Housing: **MDC/4S**Drug: **Tylenol**Dosage: **325MG**Form: **Tab**SIG: **2 tab s po qid prn**Reason: **Other - pain**Start: **2/17/2006**Duration: **5 days**Written by: **Jacques Lorthé, PA - Physician Assistant**Approved by: **Cristian Pedestru, Physician**

Pharm: _____

Allergies: **NKA****DC:**Name: **Reyes, Jason**Book & Case: **349-06-02628**NYSID: **0470442Y**DOB: **1/13/1983**Site/Housing: **MDC/4S**Drug: **Naproxen**Dosage: **500MG**Form: **Tab**SIG: **1 tab po bid**Reason: **Other - pain**Start: **2/17/2006**Duration: **7 days**Written by: **Jacques Lorthé, PA - Physician Assistant**Approved by: **Cristian Pedestru, Physician**

Pharm: _____

Allergies: **NKA****DC:**

Report ID: IRC00100

Pharmacy Order

Sorted by: Start Date

2/28/2006

10:02:06 PM

Name: **Reyes, Jason**
DOB: **1/13/1983**
Drug: **Naproxen**
Form: **Tab**
Reason: **Other - pain**
Written by: **Franklin Mejia, Physician**
Approved by: **Franklin Mejia, Physician**
Allergies: **NKA**

Book & Case: **349-06-02628**Site/Housing: **MDC/4S**NYSID: **0470442Y**SIG: **500 mgrs PO BID**Dosage: **500MG**Start: **2/28/2006**Duration: **5 days**

Pharm: _____

DC:

Name: **Reyes, Jason**
DOB: **1/13/1983**
Drug: **Tylenol**
Form: **Tab**
Reason: **Mental Health - pain**
Written by: **Franklin Mejia, Physician**
Approved by: **Franklin Mejia, Physician**
Allergies: **NKA**

Book & Case: **349-06-02628**Site/Housing: **MDC/4S**NYSID: **0470442Y**SIG: **2 tabs PO Q8Hrs PRN**Dosage: **325MG**Start: **2/28/2006**Duration: **5 days**

Pharm: _____

DC:

Report ID: IRC00100

Pharmacy Order

Sorted by: Start Date

2/12/2006

3:44:49 AM

Name: **Reyes, Jason**

Book & Case: **349-06-02628**

NYSID: **0470442Y**

DOB: **1/13/1983**

Site/Housing: **MDC/RR**

Drug: **Motrin**

Dosage: **400MG**

Form: **Tab**

SIG: **BID**

Reason: **Other - PAIN L ANKLE**

Start: **2/12/2006**

Duration: **4 days**

Written by: **Issa Madhoun, Physician**

Approved by: **Issa Madhoun, Physician**

Pharm: _____

Allergies: **NKA**

DC:

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name	<u>Royes, Jason</u>	DOB	<u>1/1/68</u>
FROM	<u>BXCI</u>	Inmate no.	<u>12490-2628</u>
Correctional institution			
Referred to	<u>D.O.C.</u>	Ward / Clinic	
Hospital		/ Clinic no.	

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

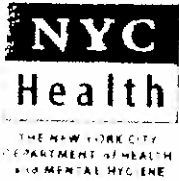
Ira Gornish, RPA

Request:

Date _____ Referring Physician _____ Phone _____ Approved _____

Consultation, findings and recommendations:

ate _____ Physician _____



DIVISION OF HEALTH CARE ACCESS AND
IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

URINE DIPSTICK AND DRUG TESTING

Patient's Last Name Reyes		First Name Jason	NYSID Number 0470442Y
Book & Case Number 349-06-02628		DATE 2/12/2006	TIME 2:54 AM
TESTED BY:			
PRINT NAME <i>[Signature]</i>	SIGNATURE <i>[Signature]</i>		TITLE <i>[Signature]</i>
RESULTS		REFERENCE RANGE	

Redacted

2/12/2006 2:54:30 AM

NYC 000154

B&R
Bio-Reference Laboratories
481 EDWARD H. ROSS DR.
ELMWOOD PARK, NJ 07407-0621
1-800-229-5227

RIKERS ISLAND DETENTION COMPLEX

GENERAL LABORATORY TESTING REQUISITION

RIKERS ISLAND FACILITIES

☐ C0034-8 ARDC (C-74)
☐ C0036-3 AMKC (C-95)
☐ C0046-2 EMTC (C-76)
☐ C0035-5 GMDU (C-73)
☐ C0047-0 GRVC
☐ C0037-1 JATC
☐ C0041-3 MHC (C-71)
☐ C0038-9 NIC
☐ C0040-5 OBCU
☐ C0048-8 RMSC
☐ C0039-7 Westside
☐ C0042-1 VCBC (BRONX)
☒ C0045-4 BBKC (MANHATTAN)
☐ C0044-7 BDC (BROOKLYN)
☐ C0043-9 QDC (QUEENS)

DETENTION COMPLEXES

Patient Last Name: ReyesFirst JasonBook case # 349-06-02628Date of birth: 1/13/1983Sex: MDate Collected: 2/12/2006Collected By: [Signature]Ordering Physician: [Signature]

PROFILES

☐ 8392-3 CHEM 20 (T, PROT, ALB, GLOB, GLU, NA, K, CL, CO2, BUN, CREAT, GGT, CAL, URIC ACID, T BILI, LDH, ALK PHOS, ALT, CHOL)
☐ 2280-6 HEPATITIS ABC PROFILE (HepBsAb, HepBsAg, HepBeAb, HepSAb, HepAAb, w-reflex)
☐ 7402-1 Profile 7 (NA, K, CO2, CL, BUN, GLUCOSE, CREAT)
☐ 0007-5 Thyroid Profile (T4, T3U, T3, TSH)
☐ 2342-4 Liver Profile (T-BILI, AST, LDH, GGT, T, PRO, ALB, ALP, ALT)
☐ 0009-1 LIPID PROFILE (CHOL, TRIG, HDL, LDL)

CLINICAL TEST

<input type="checkbox"/> 0176-0 ABO RH	(R)	<input type="checkbox"/> 0102-4 Glycohemoglobin	(L)	<input type="checkbox"/> 0137-0 Protine (INR)	(B)
<input type="checkbox"/> 0036-4 Amylase	(S)	<input type="checkbox"/> 0105-7 H-purins A Ab (A-reflex)	(S)	<input type="checkbox"/> 0139-6 PTT	(B)
			(S)	<input type="checkbox"/> 0141-2 Retic Count	(L)
			(S)	<input checked="" type="checkbox"/> 0142-0 RPR	(S)
			(S)	<input type="checkbox"/> 0086-9 Sed Rate	(L)
			(S)	<input type="checkbox"/> 0266-5 Sickle Screen	(L)
			(S)	<input type="checkbox"/> 0151-1 T4	(S)
			(S)	<input type="checkbox"/> 0350-6 Theophylline	(R)
			(S)	<input type="checkbox"/> 0153-7 TSH	(S)
			(R)	<input type="checkbox"/> 0157-8 Uric Acid	(S)
<input type="checkbox"/> 0060-1 Folate	(S)		(S)	<input type="checkbox"/> 0159-4 Urinalysis	(U)
<input type="checkbox"/> 0095-0 Glucose	(G/Y)	<input type="checkbox"/> 0289-9 Phenobarbital	(R)	<input type="checkbox"/> 0160-2 Vii B12	(S)
		<input type="checkbox"/> 0327-7 Pregnancy (Serum) - quant	(S)		
		<input type="checkbox"/> 0123-9 Pregnancy (Urine) - quant	(U)		

BACTERIOLOGY CULTURES

☐ 0030-2 Urine Culture (Bacterial) ☐ 0078-6 Urine Culture (Fungal) ☐ 0341-8 Blood Culture (2 Bacter bottles aerobic, Anaerobic) ☐ 0082-8 Wound Culture (Cult, urine)

STOOL ANALYSIS

☐ 0077-8 Stool Culture (SC) (S, Ab) ☐ 0077-2 O&P (SC) (O&P kit) ☐ 0279-2 C-Diff Toxin (SC)
☐ 0102-2 Gram Stain (SC) ☐ 0002-5 AFB (SC) ☐ 0078-9 Stool for WBC (SC) ☐ 0122-2 Occult Blood Stool (SC)

Clinical history: _____

OTHER TEST(S) NOT LISTED ABOVE

PAP SMEAR

(COMPLETE AND SUBMIT A BIO-REFERENCE CYTOPATHOLOGY REQUISITION ONLY)

VIRAL LOAD

(RNA QUANT. PCR (COMPLETE AND SUBMIT A REQUEST REQUISITION ONLY), W)

SPLUTUM CULTURE

FOR AFB (COMPLETE NYC DOH MYCOBACTERIOLOGY REQUISITION ONLY, TN50)

HIV SCREEN

(COMPLETE NYC DOH REQUEST FORM ONLY, (S))

01 = Blue, 02 = Green, 03 = Grey, 04 = Yellow, 05 = Red, 06 = Purple, 07 = White, 08 = Pink, 09 = Blue, 10 = Yellow, 11 = Red, 12 = Grey, 13 = White, 14 = Pink, 15 = Blue, 16 = Yellow, 17 = Red, 18 = Grey, 19 = White, 20 = Pink, 21 = Blue, 22 = Yellow, 23 = Red, 24 = Grey, 25 = White, 26 = Pink, 27 = Blue, 28 = Yellow, 29 = Red, 30 = Grey, 31 = White, 32 = Pink, 33 = Blue, 34 = Yellow, 35 = Red, 36 = Grey, 37 = White, 38 = Pink, 39 = Blue, 40 = Yellow, 41 = Red, 42 = Grey, 43 = White, 44 = Pink, 45 = Blue, 46 = Yellow, 47 = Red, 48 = Grey, 49 = White, 50 = Pink, 51 = Blue, 52 = Yellow, 53 = Red, 54 = Grey, 55 = White, 56 = Pink, 57 = Blue, 58 = Yellow, 59 = Red, 60 = Grey, 61 = White, 62 = Pink, 63 = Blue, 64 = Yellow, 65 = Red, 66 = Grey, 67 = White, 68 = Pink, 69 = Blue, 70 = Yellow, 71 = Red, 72 = Grey, 73 = White, 74 = Pink, 75 = Blue, 76 = Yellow, 77 = Red, 78 = Grey, 79 = White, 80 = Pink, 81 = Blue, 82 = Yellow, 83 = Red, 84 = Grey, 85 = White, 86 = Pink, 87 = Blue, 88 = Yellow, 89 = Red, 90 = Grey, 91 = White, 92 = Pink, 93 = Blue, 94 = Yellow, 95 = Red, 96 = Grey, 97 = White, 98 = Pink, 99 = Blue, 100 = Yellow, 101 = Red, 102 = Grey, 103 = White, 104 = Pink, 105 = Blue, 106 = Yellow, 107 = Red, 108 = Grey, 109 = White, 110 = Pink, 111 = Blue, 112 = Yellow, 113 = Red, 114 = Grey, 115 = White, 116 = Pink, 117 = Blue, 118 = Yellow, 119 = Red, 120 = Grey, 121 = White, 122 = Pink, 123 = Blue, 124 = Yellow, 125 = Red, 126 = Grey, 127 = White, 128 = Pink, 129 = Blue, 130 = Yellow, 131 = Red, 132 = Grey, 133 = White, 134 = Pink, 135 = Blue, 136 = Yellow, 137 = Red, 138 = Grey, 139 = White, 140 = Pink, 141 = Blue, 142 = Yellow, 143 = Red, 144 = Grey, 145 = White, 146 = Pink, 147 = Blue, 148 = Yellow, 149 = Red, 150 = Grey, 151 = White, 152 = Pink, 153 = Blue, 154 = Yellow, 155 = Red, 156 = Grey, 157 = White, 158 = Pink, 159 = Blue, 160 = Yellow, 161 = Red, 162 = Grey, 163 = White, 164 = Pink, 165 = Blue, 166 = Yellow, 167 = Red, 168 = Grey, 169 = White, 170 = Pink, 171 = Blue, 172 = Yellow, 173 = Red, 174 = Grey, 175 = White, 176 = Pink, 177 = Blue, 178 = Yellow, 179 = Red, 180 = Grey, 181 = White, 182 = Pink, 183 = Blue, 184 = Yellow, 185 = Red, 186 = Grey, 187 = White, 188 = Pink, 189 = Blue, 190 = Yellow, 191 = Red, 192 = Grey, 193 = White, 194 = Pink, 195 = Blue, 196 = Yellow, 197 = Red, 198 = Grey, 199 = White, 200 = Pink, 201 = Blue, 202 = Yellow, 203 = Red, 204 = Grey, 205 = White, 206 = Pink, 207 = Blue, 208 = Yellow, 209 = Red, 210 = Grey, 211 = White, 212 = Pink, 213 = Blue, 214 = Yellow, 215 = Red, 216 = Grey, 217 = White, 218 = Pink, 219 = Blue, 220 = Yellow, 221 = Red, 222 = Grey, 223 = White, 224 = Pink, 225 = Blue, 226 = Yellow, 227 = Red, 228 = Grey, 229 = White, 230 = Pink, 231 = Blue, 232 = Yellow, 233 = Red, 234 = Grey, 235 = White, 236 = Pink, 237 = Blue, 238 = Yellow, 239 = Red, 240 = Grey, 241 = White, 242 = Pink, 243 = Blue, 244 = Yellow, 245 = Red, 246 = Grey, 247 = White, 248 = Pink, 249 = Blue, 250 = Yellow, 251 = Red, 252 = Grey, 253 = White, 254 = Pink, 255 = Blue, 256 = Yellow, 257 = Red, 258 = Grey, 259 = White, 260 = Pink, 261 = Blue, 262 = Yellow, 263 = Red, 264 = Grey, 265 = White, 266 = Pink, 267 = Blue, 268 = Yellow, 269 = Red, 270 = Grey, 271 = White, 272 = Pink, 273 = Blue, 274 = Yellow, 275 = Red, 276 = Grey, 277 = White, 278 = Pink, 279 = Blue, 280 = Yellow, 281 = Red, 282 = Grey, 283 = White, 284 = Pink, 285 = Blue, 286 = Yellow, 287 = Red, 288 = Grey, 289 = White, 290 = Pink, 291 = Blue, 292 = Yellow, 293 = Red, 294 = Grey, 295 = White, 296 = Pink, 297 = Blue, 298 = Yellow, 299 = Red, 300 = Grey, 301 = White, 302 = Pink, 303 = Blue, 304 = Yellow, 305 = Red, 306 = Grey, 307 = White, 308 = Pink, 309 = Blue, 310 = Yellow, 311 = Red, 312 = Grey, 313 = White, 314 = Pink, 315 = Blue, 316 = Yellow, 317 = Red, 318 = Grey, 319 = White, 320 = Pink, 321 = Blue, 322 = Yellow, 323 = Red, 324 = Grey, 325 = White, 326 = Pink, 327 = Blue, 328 = Yellow, 329 = Red, 330 = Grey, 331 = White, 332 = Pink, 333 = Blue, 334 = Yellow, 335 = Red, 336 = Grey, 337 = White, 338 = Pink, 339 = Blue, 340 = Yellow, 341 = Red, 342 = Grey, 343 = White, 344 = Pink, 345 = Blue, 346 = Yellow, 347 = Red, 348 = Grey, 349 = White, 350 = Pink, 351 = Blue, 352 = Yellow, 353 = Red, 354 = Grey, 355 = White, 356 = Pink, 357 = Blue, 358 = Yellow, 359 = Red, 360 = Grey, 361 = White, 362 = Pink, 363 = Blue, 364 = Yellow, 365 = Red, 366 = Grey, 367 = White, 368 = Pink, 369 = Blue, 370 = Yellow, 371 = Red, 372 = Grey, 373 = White, 374 = Pink, 375 = Blue, 376 = Yellow, 377 = Red, 378 = Grey, 379 = White, 380 = Pink, 381 = Blue, 382 = Yellow, 383 = Red, 384 = Grey, 385 = White, 386 = Pink, 387 = Blue, 388 = Yellow, 389 = Red, 390 = Grey, 391 = White, 392 = Pink, 393 = Blue, 394 = Yellow, 395 = Red, 396 = Grey, 397 = White, 398 = Pink, 399 = Blue, 400 = Yellow, 401 = Red, 402 = Grey, 403 = White, 404 = Pink, 405 = Blue, 406 = Yellow, 407 = Red, 408 = Grey, 409 = White, 410 = Pink, 411 = Blue, 412 = Yellow, 413 = Red, 414 = Grey, 415 = White, 416 = Pink, 417 = Blue, 418 = Yellow, 419 = Red, 420 = Grey, 421 = White, 422 = Pink, 423 = Blue, 424 = Yellow, 425 = Red, 426 = Grey, 427 = White, 428 = Pink, 429 = Blue, 430 = Yellow, 431 = Red, 432 = Grey, 433 = White, 434 = Pink, 435 = Blue, 436 = Yellow, 437 = Red, 438 = Grey, 439 = White, 440 = Pink, 441 = Blue, 442 = Yellow, 443 = Red, 444 = Grey, 445 = White, 446 = Pink, 447 = Blue, 448 = Yellow, 449 = Red, 450 = Grey, 451 = White, 452 = Pink, 453 = Blue, 454 = Yellow, 455 = Red, 456 = Grey, 457 = White, 458 = Pink, 459 = Blue, 460 = Yellow, 461 = Red, 462 = Grey, 463 = White, 464 = Pink, 465 = Blue, 466 = Yellow, 467 = Red, 468 = Grey, 469 = White, 470 = Pink, 471 = Blue, 472 = Yellow, 473 = Red, 474 = Grey, 475 = White, 476 = Pink, 477 = Blue, 478 = Yellow, 479 = Red, 480 = Grey, 481 = White, 482 = Pink, 483 = Blue, 484 = Yellow, 485 = Red, 486 = Grey, 487 = White, 488 = Pink, 489 = Blue, 490 = Yellow, 491 = Red, 492 = Grey, 493 = White, 494 = Pink, 495 = Blue, 496 = Yellow, 497 = Red, 498 = Grey, 499 = White, 500 = Pink, 501 = Blue, 502 = Yellow, 503 = Red, 504 = Grey, 505 = White, 506 = Pink, 507 = Blue, 508 = Yellow, 509 = Red, 510 = Grey, 511 = White, 512 = Pink, 513 = Blue, 514 = Yellow, 515 = Red, 516 = Grey, 517 = White, 518 = Pink, 519 = Blue, 520 = Yellow, 521 = Red, 522 = Grey, 523 = White, 524 = Pink, 525 = Blue, 526 = Yellow, 527 = Red, 528 = Grey, 529 = White, 530 = Pink, 531 = Blue, 532 = Yellow, 533 = Red, 534 = Grey, 535 = White, 536 = Pink, 537 = Blue, 538 = Yellow, 539 = Red, 540 = Grey, 541 = White, 542 = Pink, 543 = Blue, 544 = Yellow, 545 = Red, 546 = Grey, 547 = White, 548 = Pink, 549 = Blue, 550 = Yellow, 551 = Red, 552 = Grey, 553 = White, 554 = Pink, 555 = Blue, 556 = Yellow, 557 = Red, 558 = Grey, 559 = White, 560 = Pink, 561 = Blue, 562 = Yellow, 563 = Red, 564 = Grey, 565 = White, 566 = Pink, 567 = Blue, 568 = Yellow, 569 = Red, 570 = Grey, 571 = White, 572 = Pink, 573 = Blue, 574 = Yellow, 575 = Red, 576 = Grey, 577 = White, 578 = Pink, 579 = Blue, 580 = Yellow, 581 = Red, 582 = Grey, 583 = White, 584 = Pink, 585 = Blue, 586 = Yellow, 587 = Red, 588 = Grey, 589 = White, 590 = Pink, 591 = Blue, 592 = Yellow, 593 = Red, 594 = Grey, 595 = White, 596 = Pink, 597 = Blue, 598 = Yellow, 599 = Red, 600 = Grey, 601 = White, 602 = Pink, 603 = Blue, 604 = Yellow, 605 = Red, 606 = Grey, 607 = White, 608 = Pink, 609 = Blue, 610 = Yellow, 611 = Red, 612 = Grey, 613 = White, 614 = Pink, 615 = Blue, 616 = Yellow, 617 = Red, 618 = Grey, 619 = White, 620 = Pink, 621 = Blue, 622 = Yellow, 623 = Red, 624 = Grey, 625 = White, 626 = Pink, 627 = Blue, 628 = Yellow, 629 = Red, 630 = Grey, 631 = White, 632 = Pink, 633 = Blue, 634 = Yellow, 635 = Red, 636 = Grey, 637 = White, 638 = Pink, 639 = Blue, 640 = Yellow, 641 = Red, 642 = Grey, 643 = White, 644 = Pink, 645 = Blue, 646 = Yellow, 647 = Red, 648 = Grey, 649 = White, 650 = Pink, 651 = Blue, 652 = Yellow, 653 = Red, 654 = Grey, 655 = White, 656 = Pink, 657 = Blue, 658 = Yellow, 659 = Red, 660 = Grey, 661 = White, 662 = Pink, 663 = Blue, 664 = Yellow, 665 = Red, 666 = Grey, 667 = White, 668 = Pink, 669 = Blue, 670 = Yellow, 671 = Red, 672 = Grey, 673 = White, 674 = Pink, 675 = Blue, 676 = Yellow, 677 = Red, 678 = Grey, 679 = White, 680 = Pink, 681 = Blue, 682 = Yellow, 683 = Red, 684 = Grey, 685 = White, 686 = Pink, 687 = Blue, 688 = Yellow, 689 = Red, 690 = Grey, 691 = White, 692 = Pink, 693 = Blue, 694 = Yellow, 695 = Red, 696 = Grey, 697 = White, 698 = Pink, 699 = Blue, 700 = Yellow, 701 = Red, 702 = Grey, 703 = White, 704 = Pink, 705 = Blue, 706 = Yellow, 707 = Red, 708 = Grey, 709 = White, 710 = Pink, 711 = Blue, 712 = Yellow, 713 = Red, 714 = Grey, 715 = White, 716 = Pink, 717 = Blue, 718 = Yellow, 719 = Red, 720 = Grey, 721 = White, 722 = Pink, 723 = Blue, 724 = Yellow, 725 = Red, 726 = Grey, 727 = White, 728 = Pink, 729 = Blue, 730 = Yellow, 731 = Red, 732 = Grey, 733 = White, 734 = Pink, 735 = Blue, 736 = Yellow, 737 = Red, 738 = Grey, 739 = White, 740 = Pink, 741 = Blue, 742 = Yellow, 743 = Red, 744 = Grey, 745 = White, 746 = Pink, 747 = Blue, 748 = Yellow, 749 = Red, 750 = Grey, 751 = White, 752 = Pink, 753 = Blue, 754 = Yellow, 755 = Red, 756 = Grey, 757 = White, 758 = Pink, 759 = Blue, 760 = Yellow, 761 = Red, 762 = Grey, 763 = White, 764 = Pink, 765 = Blue, 766 = Yellow, 767 = Red, 768 = Grey, 769 = White, 770 = Pink, 771 = Blue, 772 = Yellow, 773 = Red, 774 = Grey, 775 = White, 776 = Pink, 777 = Blue, 778 = Yellow, 779 = Red, 780 = Grey, 781 = White, 782 = Pink, 783 = Blue, 784 = Yellow, 785 = Red, 786 = Grey, 787 = White, 788 = Pink, 789 = Blue, 790 = Yellow, 791 = Red, 792 = Grey, 793 = White, 794 = Pink, 795 = Blue, 796 = Yellow, 797 = Red, 798 = Grey, 799 = White, 800 = Pink, 801 = Blue, 802 = Yellow, 803 = Red, 804 = Grey, 805 = White, 806 = Pink, 807 = Blue, 808 = Yellow, 809 = Red, 810 = Grey, 811 = White, 812 = Pink, 813 = Blue, 814 = Yellow, 815 = Red, 816 = Grey, 817 = White, 818 = Pink, 819 = Blue, 820 = Yellow, 821 = Red, 822 = Grey, 823 = White, 824 = Pink, 825 = Blue, 826 = Yellow, 827 = Red, 828 = Grey, 829 = White, 830 = Pink, 831 = Blue, 832 = Yellow, 833 = Red, 834 = Grey, 835 = White, 836 = Pink, 837 = Blue, 838 = Yellow, 839 = Red, 840 = Grey, 841 = White, 842 = Pink, 843 = Blue, 844 = Yellow, 845 = Red, 846 = Grey, 847 = White, 848 = Pink, 849 = Blue, 850 = Yellow, 851 = Red, 852 = Grey, 853 = White, 854 = Pink, 855 = Blue, 856 = Yellow, 857 = Red, 858 = Grey, 859 = White, 860 = Pink, 861 = Blue, 862 = Yellow, 863 = Red, 864 = Grey, 865 = White, 866 = Pink, 867 = Blue, 868 = Yellow, 869 = Red, 870 = Grey, 871 = White, 872 = Pink, 873 = Blue, 874 = Yellow, 875 = Red, 876 = Grey, 877 = White, 878 = Pink, 879 = Blue, 880 = Yellow, 881 = Red, 882 = Grey, 883 = White, 884 = Pink, 885 = Blue, 886 = Yellow, 887 = Red, 888 = Grey, 889 = White, 890 = Pink, 891 = Blue, 892 = Yellow, 893 = Red, 894 = Grey, 895 = White, 896 = Pink, 897 = Blue, 898 = Yellow, 899 = Red, 900 = Grey, 901 = White, 902 = Pink, 903 = Blue, 904 = Yellow, 905 = Red, 906 = Grey, 907 = White, 908 = Pink, 909 = Blue, 910 = Yellow, 911 = Red, 912 = Grey, 913 = White, 914 = Pink, 915 = Blue, 916 = Yellow, 917 = Red, 918 = Grey, 919 = White, 920 = Pink, 921 = Blue, 922 = Yellow, 923 = Red, 924 = Grey, 925 = White, 926 = Pink, 927 = Blue, 928 = Yellow, 929 = Red, 930 = Grey, 931 = White, 932 = Pink, 933 = Blue, 934 = Yellow, 935 = Red, 936 = Grey, 937 = White, 938 = Pink, 939 = Blue, 940 = Yellow, 941 = Red, 942 = Grey, 943 = White, 944 = Pink, 945 = Blue, 946 = Yellow, 947 = Red, 948 = Grey, 949 = White, 950 = Pink, 951 = Blue, 952 = Yellow, 953 = Red, 954 = Grey, 955 = White, 956 = Pink, 957 = Blue, 958 = Yellow, 959 = Red, 960 = Grey, 961 = White, 962 = Pink, 963 = Blue, 964 = Yellow, 965 = Red, 966 = Grey, 967 = White, 968 = Pink, 969 = Blue, 970 = Yellow, 971 = Red, 972 = Grey, 973 = White, 974 = Pink, 975 = Blue, 976 = Yellow, 977 = Red, 978 = Grey, 979 = White, 980 = Pink, 981 = Blue, 982 = Yellow, 983 = Red, 984 = Grey, 985 = White, 986 = Pink, 987 = Blue, 988 = Yellow, 989 = Red, 990 = Grey, 991 = White, 992 = Pink, 993 = Blue, 994 = Yellow, 995 = Red, 996 = Grey, 997 = White, 998 = Pink, 999 = Blue, 1000 = Yellow, 1001 = Red, 1002 = Grey, 1003 = White, 1004 = Pink, 1005 = Blue, 1006 = Yellow, 1007 = Red, 1008 = Grey, 1009 = White, 1010 = Pink, 1011 = Blue, 1012 = Yellow, 1013 = Red, 1014 = Grey, 1015 = White, 1016 = Pink, 1017 = Blue, 1018 = Yellow, 1019 = Red, 1020 = Grey, 1021 = White, 1022 = Pink, 1023 = Blue, 1024 = Yellow, 1025 = Red, 1026 = Grey, 1027 = White, 1028 = Pink, 1029 = Blue, 1030 = Yellow, 1031 = Red, 1032 = Grey, 1033 = White, 1034 = Pink, 1035 = Blue, 1036 = Yellow, 1037 = Red, 1038 = Grey, 1039 = White, 1040 = Pink, 1041 = Blue, 1042 = Yellow, 1043 = Red, 1044 = Grey, 1045 = White, 1046 = Pink, 1047 = Blue, 1048 = Yellow, 1049 = Red, 1050 = Grey, 1051 = White, 1052 = Pink, 1053 = Blue, 1054 = Yellow, 1055 = Red, 1056 = Grey, 1057 = White, 1058 = Pink, 1059 = Blue, 1060 = Yellow, 1061 = Red, 1062 = Grey, 1063 = White, 1064 = Pink, 1065 = Blue, 1066 = Yellow, 1067 = Red, 1068 = Grey, 1069 = White, 1070 = Pink, 1071 = Blue, 1072 = Yellow, 1073 = Red, 1074 = Grey, 1075 = White, 1076 = Pink, 1077 = Blue, 1078 = Yellow, 1079 = Red, 1080 = Grey, 1081 = White, 1082 = Pink, 1083 = Blue, 1084 = Yellow, 1085 = Red, 1086 = Grey, 1087 = White, 1088 = Pink, 1089 = Blue, 1090 = Yellow, 1091 = Red, 1092 = Grey, 1093 = White, 1094 = Pink, 1095 = Blue, 1096 = Yellow, 1097 = Red, 1098 = Grey, 1099 = White, 1100 = Pink, 1101 = Blue, 1102 = Yellow, 1103 = Red, 1104 = Grey, 1105 = White, 1106 = Pink, 1107 = Blue, 1108 = Yellow, 1109 = Red, 1110 = Grey, 1111 = White, 1112 = Pink, 1113 = Blue, 1114 = Yellow, 1115 = Red, 1116 = Grey, 1117 = White, 1118 = Pink, 1119 = Blue, 1120 = Yellow, 1121 = Red, 1122 = Grey, 1123 = White, 1124 = Pink, 1125 = Blue, 1126 = Yellow, 1127 = Red, 1128 = Grey, 1129 = White, 1130 = Pink, 1131 = Blue, 1132 = Yellow, 1133 = Red, 1134 = Grey, 1135 = White, 1136 = Pink, 1137 = Blue, 1138 = Yellow, 1139 = Red, 1140 = Grey, 1141 = White, 1142 = Pink, 1143 = Blue, 1144 = Yellow, 1145 = Red, 1146 = Grey, 1147 = White, 1148 = Pink, 1149 = Blue, 1150 = Yellow, 1151 = Red, 1152 = Grey, 1153 = White, 1154 = Pink, 1155 = Blue, 1156 = Yellow, 1157 = Red, 1158 = Grey, 1159 = White, 1160 = Pink, 1161 = Blue, 1162 = Yellow, 1163 = Red, 1164 = Grey, 1165 = White, 1166 = Pink, 1167 = Blue, 1168 = Yellow, 1169 = Red, 1170 = Grey, 1171 = White, 1172 = Pink, 1173 = Blue, 1174 = Yellow, 1175 = Red, 1176 = Grey, 1177 = White, 1178 = Pink, 1179 = Blue, 1180 = Yellow, 1181 = Red, 1182 = Grey, 1183 = White, 1184 = Pink, 1185 = Blue, 1186 = Yellow, 1187 = Red, 1188 = Grey, 1189 = White, 1190 = Pink, 1191 = Blue, 1192 = Yellow, 1193 = Red, 1194 = Grey, 1195 = White, 1196 = Pink, 1197 = Blue, 1198 = Yellow, 1199 = Red, 1200 = Grey, 1201 = White, 1202 = Pink, 1203 = Blue, 1204 = Yellow, 1205 = Red, 1206 = Grey, 1207 = White, 1208 = Pink, 1209 = Blue, 1210 = Yellow, 1211 = Red, 1212 = Grey, 1213 = White, 1214 = Pink, 1215 = Blue, 1216 = Yellow, 1217 = Red, 1218 = Grey, 1219 = White, 1220 = Pink, 1221 = Blue, 1222 = Yellow, 1223 = Red, 1224 = Grey, 1225 = White, 1226 = Pink, 1227 = Blue, 1228 = Yellow, 1229 = Red, 1230 = Grey, 1231 = White, 1232 = Pink, 1233 = Blue, 1234 = Yellow, 1235 = Red, 1236 = Grey, 1237 = White, 1238 = Pink, 1239 = Blue, 1240 = Yellow, 1241 = Red, 1242 = Grey, 1243 = White, 1244 = Pink, 1245 = Blue, 1246 = Yellow, 1247 = Red, 1248 = Grey, 1249 = White, 1250 = Pink, 1251 = Blue, 1252 = Yellow, 1253 = Red, 1254 = Grey, 1255 = White, 1256 = Pink, 1257 = Blue, 1258 = Yellow, 1259 = Red, 1260 = Grey, 1261 = White, 1262 = Pink, 1263 = Blue, 1264 = Yellow, 1265 = Red, 1266 = Grey, 1267 = White, 1268 = Pink



DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

Redacted

(One Copy for Chart)

(One Copy for Counselor)
2 12 2006 2 54 34 AM

(One Copy for Tracking)

NYC 000156


MEDICAL TREATMENT OF PRISONER
 PD 244-130 (Rev. 12-99)-Print

SECTION I - TO BE COMPLETED BY N.Y.P.D.

 Date 02/11/06

Prisoner Name (Last, First, MI) (Print)

~~ALBERT~~ REYES, JAYSON

Address

252 50th STREET Bklyn NY 11220

Arresting Officer:

PO ATTARIAN, STEVEN

Prisoner No.

Cnd of Arrest

Charge

106611977M 072 SPCS PL 220.21

Escort Officer:

PO KRAPP, WILLIAM

Prisoner Refused Medical Aid

Prisoner Refused Medical Aid

Date

Time

Prisoner's Signature

Transferred To Hospital (Name)

Date

Time

Via

Patrol

Wagon #

RMP #

ACR #

Operator Rank (Print Name Last, First, MI)

Returned From Hospital

Date

Time

Attempted Suicide

Nature Of Illness/Injury

PAIN IN HIS LEGS

If Injury

Old

New

Restraining Devices Used

Yes

No

E S U Responded

Yes

No

If Yes, Respondent's Rank (Print Name Last, First, MI)

Yes

No

Prescription Medication

Yes

No

Prescription Number And Name Of Physician

Pharmacy, Phone No

Property Clerk Invoice No. Cnd

Remarks:

PRISONER STATES he has (R.S.D.) Read Synthetic Dystrophy in his Legs.

Medically cleared

Prisoner Refused Medical Aid In The Field <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Prisoner Refused Medical Aid At The Command <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Prisoner Refused Medical Aid Within The Court Section <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Recommend Prisoner Be Separated From General Population <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.M.S. Field Personnel	Prisoner Name (Last, First, MI)	Shield #	Date
E.M.S. Court Section	Prisoner Name (Last, First, MI)	Shield #	Date
NYPD Supervisor/Desk Officer	Rank (Print) Name (Last, First, MI)	Signature	Cnd Of Arrest/Court Section
			Date

SECTION II - TO BE COMPLETED BY HOSPITAL MEDICAL STAFF

Transfer To Hospital	Seizure Watch Recommended By Hospital Staff <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Transfer To Psychiatric Hospital Recommended By Hospital Medical Staff <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medication For Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medication To Be Taken As Prescribed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medication To Be Taken With Prisoner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Refer To Psychiatric Hospital <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medically Cleared		
Prisoner Name (Last, First, MI)	Signature	Title	Date	Time
NYPD Court Section Supervisor	Rank (Print) Name (Last, First, MI)	Signature	Court Section	Date
Received By Department Of Correction	Rank (Print) Name (Last, First, MI)	Signature	Shield ID #	Date

DISTRIBUTION: 1. WHITE, 2. BLUE, 3. PINK - DEPT OF CORRECTION 4. BUFF - CND OF ARREST 5. GREEN - VERA TING HONG
 Prisoner's Description for Emergency Medical Aid: PAIN IN HIS LEGS COURT SECTION (to be completed by PINK) COURT SECTION (to be completed by BUFF) COURT SECTION (to be completed by GREEN)

NOTE: A PHOTO COPY OF THIS FORM MAY BE PROVIDED UPON REQUEST TO HEALTH AND HOSPITALS CORPORATION (HHC) PERSONNEL. NYC 000157

Redacted

NYC 000158